

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Mr. Joel Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 14731 Francis Ct.		Transaction ID: 26100361	
City Westfield	State IN	Zip Code 46074-8840	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer State Auto Insurance Companies	Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Kelly J. Reisling		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 3178 Ranke CT.		Transaction ID: 26100363	
City Grove City	State OH	Zip Code 43123-8550	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer State Auto Insurance Companies	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Ms. Noreen W. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 10 Bellshazzar, Box 249		Transaction ID: 26100368	
City Commercial Point	State OH	Zip Code 43116-9997	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer State Auto Insurance Companies	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)